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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration
submitted
with Initial
Filing

☐ Declaration
Submitted after Initial
Filing (surcharge
37 CFR 1.16 (e))
required)

Attorney Docket Number

PC10139A MAG

First Named Inventor

Nancy J. Harper

COMPLETE IF KNOWN**Application Number**

To be assigned

Filing Date

Herewith

Group Art Unit

To be assigned

Examiner Name

To be assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Sertraline Oral Concentrate

(Title of the Invention)

the specification of which
☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International

Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

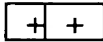
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B sheet attached hereto.
60/104,024	October 13, 1998	

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DECLARATION ---- Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number or PCT Parent Number

Parent Filing Date (MM/DD/YYYY)

Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number or

Place Customer Number Bar Code Label here

☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Peter C. Richardson	27,526	Paul H. Ginsburg	28,718
Allen J. Spiegel	25,749	Mark Dryer	28,775
J. Trevor Lumb	28,567	Lawrence C. Akers	28,587
James T. Jones	30,561	A. Dean Olson	31,185
Gregg C. Benson	30,997	Mervin E. Brokke	32,723
Robert F. Sheyka	31,304	Valerie M. Fedowich	33,688
Grover F. Fuller Jr.	31,760	Bryan C. Zielinski	34,462
Karen DeBenedictis	32,977	Robert T. Ronau	36,257
Lorraine B. Ling	35,251	B. Timothy Creagan	39,156
Garth Butterfield	36,997	Alan L. Koller	37,371
Carl J. Goddard	39,203	Jolene W. Appleman	35,428
Raymond M. Speer	26,810	Kristina L. Konstas	37,864
Jennifer A. Kispert	40,049	Gregory P. Raymer	36,647
Martha A. Gammill	31,820	Jacob M. Levine	32,509
Israel Nissenbaum	27,582	Seth H. Jacobs	32,140
Steven W. Collier	42,429	E. Victor Donahue	35,492
Roy F. Waldron	42,208	Todd M. Crissey	37,807

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:

☐ Customer Number or Bar Code Label

OR ☒ Correspondence address below

Name	Gregg C. Benson				
Address	Pfizer Inc				
Address	Eastern Point Road				
City	Groton	State	CT	Zip Code	06340
Country	USA	Telephone	860-441-4901	Fax	860-441-5221

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])				Family Name or Surname			
Nancy J.				Harper			
Inventor's Signature					Date		10-8-99
R sidence: City	Groton	State	CT	Country	USA	Citizenship	USA
Post Office Address 164 Shore Avenue							
Post Office Address							
City	Groton	State	CT	Zip	06340	Country	USA

☒ Additional inventors are being named on the attached a supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

PTO/SB/02A(3/97)

Approved for use through 09/30/98. OMB 0651-0032

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Gautam R.				Ranade			
Inventor's Signature	<i>Gautam R. Ranade</i>					Date	10/8/99
Residence: City	East Lyme	State	CT	Country	US	Citizenship	US
Post Office Address	18 Wayne Drive						
Post Office Address							
City	East Lyme	State	CT	Zip	06333	Country	US

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Willard M.				Welch			
Inventor's Signature	<i>Willard M. Welch</i>					Date	10-11-99
Residence: City	Mystic	State	CT	Country	US	Citizenship	US
Post Office Address	116 Pequot Avenue						
Post Office Address							
City	Mystic	State	CT	Zip	06355	Country	US

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City						Country	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	

pc10139/Declaration